

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF ILLINOIS
EAST ST. LOUIS DIVISION**

In re:

Calvin Curtis James
Andrea Louise Richardson James
Debtor(s)

Case No. 11-30097

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Russell Simon, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 01/24/2011.
- 2) The plan was confirmed on 06/02/2011.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 07/08/2011, 06/27/2012.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was converted on 05/28/2015.
- 6) Number of months from filing to last payment: 52.
- 7) Number of months case was pending: 53.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$42,945.00.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have not cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$82,244.77
Less amount refunded to debtor	\$3,951.84

NET RECEIPTS:	\$78,292.93
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Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$3,486.97
Court Costs	\$0.00
Trustee Expenses & Compensation	\$4,389.40
Other	\$153.00

TOTAL EXPENSES OF ADMINISTRATION:	\$8,029.37
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Attorney fees paid and disclosed by debtor:	\$1.00
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Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
AMEREN ILLINOIS	Unsecured	2,209.00	3,592.67	3,592.67	0.00	0.00
APOGEE MED GROUP ILLINOIS	Unsecured	555.00	NA	NA	0.00	0.00
ASHLEY FUNDING SERVICES	Unsecured	375.00	372.78	372.78	0.00	0.00
ASSET ACCEPTANCE LLC	Unsecured	1,687.00	1,298.87	1,298.87	0.00	0.00
AT&T CINGULAR WIRELESS	Unsecured	2,369.00	NA	NA	0.00	0.00
BARNES-JEWISH HOSPITAL	Unsecured	201.00	NA	NA	0.00	0.00
CARE MEDICAL SUPPLIES	Unsecured	237.00	NA	NA	0.00	0.00
DIRECT REWARDS	Unsecured	2,445.00	NA	NA	0.00	0.00
DIVISION OF EMPLOYMENT SECURITY	Unsecured	940.00	NA	NA	0.00	0.00
DR WILLIAM CHEN	Unsecured	86.00	86.00	86.00	0.00	0.00
EAST BAY FUNDING	Unsecured	NA	64.00	64.00	0.00	0.00
ECAST SETTLEMENT CORP	Unsecured	684.00	683.20	683.20	0.00	0.00
ER PHYSICIANS GROUP AT SLUH	Unsecured	172.00	NA	NA	0.00	0.00
FASHION BUG	Unsecured	598.00	NA	NA	0.00	0.00
GATEWAY REGIONAL MEDICAL CEN	Unsecured	3,066.00	18,300.25	18,300.25	0.00	0.00
GRANITE CITY EMERGENCY	Unsecured	998.00	NA	NA	0.00	0.00
HFC	Unsecured	12,056.00	NA	NA	0.00	0.00
HSBC CARD SERVICES III INC	Unsecured	2,231.00	NA	NA	0.00	0.00
ILLINOIS DEPARTMENT OF REVENUE	Priority	0.00	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Priority	0.00	NA	NA	0.00	0.00
JEFFERSON CAPITAL SYSTEMS LLC	Unsecured	10,000.00	1,390.02	1,390.02	0.00	0.00
MASON DIRECT	Unsecured	43.00	NA	NA	0.00	0.00
MEDCO HEALTH SOLUTIONS	Unsecured	51.00	NA	NA	0.00	0.00
METRO EAST SANITARY DIST	Unsecured	302.00	NA	NA	0.00	0.00
METRO EAST SANITARY DIST	Unsecured	NA	0.00	12.00	0.00	0.00
METRO EAST SANITARY DIST	Secured	852.00	965.83	953.83	946.51	121.98
MISSOURI DEPARTMENT OF REVENUE	Priority	0.00	NA	NA	0.00	0.00
NCO FINANCIAL	Unsecured	163.00	NA	NA	0.00	0.00
OFFICE OF THE SECRETARY OF STATE	Unsecured	3,615.00	NA	NA	0.00	0.00
PRA RECEIVABLES MGMT	Unsecured	NA	0.00	23,035.24	0.00	0.00
PRA RECEIVABLES MGMT	Secured	27,723.00	35,360.24	12,325.00	11,259.97	1,794.17

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
PROCESSORS INDUSTRIAL COMM CI	Secured	9,916.00	11,095.83	11,095.83	10,862.99	1,535.87
QUEST DIAGNOSTICS INCORP	Unsecured	33.00	NA	NA	0.00	0.00
RADIOLOGY PHYSICIANS LTD.	Unsecured	54.00	NA	NA	0.00	0.00
ROTECH HEALTHCARE INC	Unsecured	237.00	NA	NA	0.00	0.00
SANTANDER CONSUMER USA DBA I	Unsecured	9,443.00	5,973.11	5,973.11	0.00	0.00
SLUCARE	Unsecured	63.00	NA	NA	0.00	0.00
THE BANK OF NEW YORK MELLON	Secured	2,302.00	7,483.04	7,195.14	7,195.14	0.00
THE BANK OF NEW YORK MELLON	Secured	179,718.00	218,834.98	36,546.93	36,546.93	0.00
THE BANK OF NEW YORK MELLON	Secured	NA	NA	NA	0.00	0.00
TRI-CITY NEUROLOGY ASSOCIATES	Unsecured	149.00	NA	NA	0.00	0.00
WASHINGTON MUTUAL CARD SERV	Unsecured	3,734.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$36,546.93	\$36,546.93	\$0.00
Mortgage Arrearage	\$7,195.14	\$7,195.14	\$0.00
Debt Secured by Vehicle	\$23,420.83	\$22,122.96	\$3,330.04
All Other Secured	\$953.83	\$946.51	\$121.98
TOTAL SECURED:	\$68,116.73	\$66,811.54	\$3,452.02
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$54,808.14	\$0.00	\$0.00

Disbursements:

Expenses of Administration	<u>\$8,029.37</u>	
Disbursements to Creditors	<u>\$70,263.56</u>	
TOTAL DISBURSEMENTS :		<u>\$78,292.93</u>

12) The trustee certifies that the foregoing summary is true and complete and all administrative matters for which the trustee is responsible have been completed. The trustee requests that the trustee be discharged and granted such relief as may be just and proper.

Dated: 06/15/2015

By: /s/ Russell Simon

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.